

COMPLETE SOLUTIONS PERSONAL PENSION

APPLICATION DETAILS

Before you give us your personal information please note that Irish Life has a Data Privacy Notice. This explains what your data protection rights are and how and why we use your personal information. This is always available on our website at www.irishlife.ie or you can ask us for a copy.

PLEASE READ THE QUESTIONS CAREFULLY BEFORE ANSWERING THEM AND USE BLOCK CAPITALS.

If any item is blank or illegible, this will cause a delay in processing your application.

000088	=	Adviser submits your application electronically Irish of this form. The original application form will be reta	
	Product Selection	n	
	Please tick which product you	u require:	
	Complete Solutions Personal Or	1 or Complete Solutions Personal 1 Bond	
		2 or Complete Solutions Personal Bond	
If this section is left blank this will delay us processing your application	Profile Number Regular Contribution	Lump Sum	
	1. Eligibility		
		r a partner acting in some trade, profession or occupation? ployment or occupation must be liable to tax under schedule D (Yes No Case I or II) or E in the Republic of Ireland.
	Are you an employed per	rson or the holder of an office of employment?	Yes No
	If Yes, is one or more of y	our occupations non pensionable?	Yes No
	3. Are you an Irish resident t		Yes No
	4. Please give the plan numl	bers of any existing retirement contracts with this company	
	2. Personal Det	ails	
	Title (Mr/Mrs/Ms etc)		
	First Name		Initial (if applicable)
	Last Name		
	Date of Birth	d d / mm / y y y y Age Next	Birthday
Must be between the age of 60 and 75	> Choose Retirement Age		

Relationship Status Single Separated Divorced Widowed Country of Birth Vour nationality to comply with anti-money laundering requirements Nationality	artner
your nationality to comply with anti-money laundering Nationality	
your nationality to comply with anti-money laundering Nationality	
requirements	
Precise Occupation	
3. Contact Details	
Address	
County	
Contact phone numbers Home	
Please note that mobile number AND email address MUST be provided if you	
wish to receive online communications. Email address Email address	
If Yes, please complete the Politically Exposed Person (PEP) or Relative or Close Ass Person (PEP) or Relative or Close Associate (RCA) Supplementary Form An explanation of these terms is provided in Supplementary Form Supplementary Form Are you or any of the Beneficiaries, Trustees, Settlors, Appointers or in the case of a Company Owner, Yes Director, Beneficial Owner (or have been within the last 12 months), a PEP or RCA?	ociate
5. Contribution Details	
Contribution amount	
How are regular contributions to be made	
Cheques for regular contributions can only be made when contributions are made on a yearly basis and	exceed €3,000
Payment frequency Monthly Quarterly Half Yearly	Yearly
If direct debit contributions are chosen, what day of the month would you like direct debits taken?	
(1st to the 28th of the month only)	
Do you want inflation protection?	No 🔘
(Contributions will increase in line with inflation or at a rate set by Irish Life (currently, this is 5% per annum) which This increase will take place on the yearly anniversary date of the plan.)	ever is higher.
On what date do you want your plan to commence? dd / mm / y y y	
6. Payment Details (if paying regular contributions by direct deb	oit)
Customer (Debtor) Bank Identifier Code (BIC)	
IBAN	
Name of Account holder to be debited	

	7. Lump Sum	E	(h di		
	Single Premium Contribution	€	(by cheque only)		
	Transfer Value Contribution	€	(by cheque only)		
	8. Fund Details				
		etween up to 10 funds. Plea	ase make sure that the percentage	s add up to 100%.	
	, , , , , , , , , , , , , , , , , , , ,	Regular Contrib		Lump Sum Contribution	
	Global Cash Fund	%		%	
	Multi Asset Portfolio Fund 2	%		%	
	Multi Asset Portfolio Fund 3	%		%	
lease refer to your guide	Multi Asset Portfolio Fund 4	%		%	
your Self-Invested Fund booklet for the minimum	Multi Asset Portfolio Fund 5	%		%	
mount required to invest	Multi Asset Portfolio Fund 6	%		%	
in a Self-Invested Fund. Please also complete	Protected Consensus Markets F			%	
a separate Investment Instruction Form.	> Self-Invested Fund	N/A		%	
	y yell invested rund	1,77.1		70	
Please read your Fund Guide for a full list of the	Other Funds - Regular Contri	ibution	Other Funds - Lump Sum	Contribution	
funds available.		%		%	
ne risk level and volatility rating of a fund can		%		%	
nange from time to time. Please visit our website		%		%	
www.irishlife.ie to see		%		%	
he most up-to-date fund information.		%		%	
		%		%	
	If you wish to avail of a Lifesty Irish Life offers 3 Lifestyling Stra	ling Strategy, please choos tegies below which gradual n of each strategy is given in hese strategies.	se ONE of the following options Ily moves your chosen fund(s) into your product booklet. You shou	s: o specific funds over the term of	
	I am funding for an ARF at retire	<u> </u>			
		_	, с с		
	I am funding for an ARF at retire	enent through the ARF live	estillent Lifestylling Strategy		
	9. Your Plan Communication				
	How would you like to receive your plan communication from us? (for example, your welcome pack, letters and regular statements)				
	Please tick one option:	Online By pa	per post		
	If you do not choose an option v	we will assume you want to	receive communications by paper	post.	
Please note that mobile mber AND email address	Do you want the original plan so (not applicable if plan is taken or			Yes No	
MUST be provided if you \	> You will be notified by text and e	email when communication	s are added to your account		
Wish to receive online	, , , , , , , , , , , , , , , , , , , ,	cilian wilcii commidineamon.	s are added to your account.		
wish to receive online communications (see section 3)	Your plan communications will b		•		

3

number





PERSONAL PENSION PLAN DECLARATIONS

	Proposal Number:
We need this information to match the declaration	Customer Review Number
section to your electronic application	Customer Name
	Financial Adviser Name
	If you submit this proposal electronically you should only send us this section
	If you submit this proposal electronically you should only send us this section. Any words in the singular also mean the plural as applicable (e.g. "I" means "we" and "my" means "our" etc.)
86	A. Declaration under Regulation 6(3) of the Life Assurance (Provision of
018	Information) Regulations 2001
8	WARNING If you propose to take out this plan in complete or partial replacement of an existing plan, please take special care to satisfy yourself that this plan meets your needs. In particular, please make sure you are aware of the financial consequences of replacing your existing plan. If you are in doubt about this, please contact your insurer or Financial Adviser.
	Please complete this section by ticking the appropriate box:
This includes: Canada Life	Yes, this plan is replacing an Irish Life plan
Progressive Life	WARNING If you propose to take out this plan in complete or partial replacement of an existing plan, please take special care to satisfy yourself that this plan meets your needs. In particular, please make sure you are aware of the financial consequences of replacing your existing plan. If you are in doubt about this, please contact your insurer or Financial Adviser. Please complete this section by ticking the appropriate box: Yes, this plan is replacing an Irish Life plan
	No, this plan is not replacing another plan
	Existing Plan Number
	Declaration of Insurer/Financial Adviser
	I hereby declare that in accordance with Regulation 6(1) of the Life Assurance (Provision of Information) Regulations, 2001
	(Customer name and address)
	has been provided with the information specified in Schedule 1 (Customer Information Notice) to those Regulations and that I have advised the customer as to the financial consequences of replacing an existing plan with this plan by cancellation or reduction, and of possible financial loss as a result of such replacement.
	> Signature of Financial Adviser
Please sign and date	Date dd / mm / y y y y
	Declaration of Customer I confirm that I have received in writing the information specified in the above declaration.
	> Signature of Customer
Please sign and date	Date dd / mm / y y y y

B. Plan Declaration

I declare that all the answers to all the questions in this application form (online or otherwise) are in every respect true and correct. Where I have completed my application online, I acknowledge that a copy of my application will be sent to me and agree to notify Irish Life, in writing, if:

- · I do not receive the printed record
- · Any information in this record is, false, incorrect or incomplete

I hereby agree that the contract proposed with Irish Life Assurance plc will be based on this application form (online or otherwise) and declaration. I understand that this contract shall not be capable of being surrendered, commuted or assigned except as provided under Chapter 2 of Part 30 of the Taxes Consolidation Act 1997.

I confirm I have been informed about the Irish Life Data Privacy Notice and where to get this.

I confirm that I have read and understood all the above declarations.

	Customer Signature	X
Please sign and date	Date	dd/mm/yyyy

C. Optional Consent

Consent to Sharing with Other Companies in the Irish Life Group

I agree to Irish Life Assurance sharing my personal information (excluding my personal health information) with other companies within the Irish Life Group, such as Irish Life Health. I understand this is to assist in developing combined customer services (for example, access to services from different Group companies on one online platform). This is an area that will continue to improve with a view to adding new customer engagement offerings.

You can change your mind at any time and opt-out of any further sharing by emailing <u>dataprotectionqueries@irishlife.ie</u> or writing to Irish Life Data Protection Team. If you opt-out we will keep a record of your instruction to opt-out.

Customer	l agree	I don't agree

Information is correct as of 01/05/2018 and is subject to change.







Your Irish Life Plan Details Please complete all the fields in this Section Plan Number(s) If this mandate is to cover more than 3 plans, please attach separate instructions. Name of Plan Owner(s) Direct Debit collection date of the month (1st to 28th only) Payment frequency Monthly Quarterly Half Yearly Yearly SEPA DIRECT DEBIT MANDATE Please complete all the fields below marked * and return this mandate to Irish Life Name and address of the payer: Name(s) of Account Holder(s) Address of Account Holder(s) BIC BIC BIC BIS By signing this mandate form, you authorise (A) Irish Life to send instructions to your bank to debit your account a entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund not be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in statement that was an obtained from your bank.	_		
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